

EMSAC MEDICAL CARE COMMITTEE MINUTES 1/23/13

Patricia M. Byers

John Scott

BASED ON STRATEGIC PLAN 2012-2014

I. LEADERSHIP AND COMMUNICATION

a. Sign in and Introductions

- i. Steve McCoy
- ii. Bill Azzinaro
- iii. Danny Cribbs
- iv. Angus Jameson
- v. Jeff Panozzo
- vi. Jorge Aguilera
- vii. Noreen Schramm
- viii. Benjamin Abes
- ix. Bob Smallacombe
- x. David Meurer
- xi. Deanna Chapman
- xii. Cory S. Richter
- xiii. Trena McPherson
- xiv. R. Gene Harrell
- xv. Debbie Vass
- xvi. Barbara Uzenoff
- xvii. Robert Eyer
- xviii. Dennis Ward
- xix. Patty Byers
- xx. Julie Bacon
- xxi. David Summers

- b. FCOT approval of spine immobilization position statement at the October 2012 FCOT business meeting

VI. IMPROVE PERFORMANCE KEY EMS PROCESSES THROUGH BENCHMARKS AND PARTNERSHIPS

- a. 6.1 Dispatch Effectiveness: discussion regarding a standard QA is required
- b. 6.2 EMSTARS AND CPT DATA TO TRACK PATIENTS AND CAPTURE OFF-LOAD AND DIVERSION TIMES: Ken Devin gave a report regarding EM Systems roll out. They have accomplished standardized capabilities between hospital and non hospital facilities and the interface has been completed.
 - i. definition of diversion status: will be difficult to define- diversion is defined differently county by county as a local and not state-wide occurrence. Currently EM Systems is not being used for this

- ii. best practices and benchmarks-Data and Disaster: Dr Nelson will be asking for pre-hospital committee members to review EMS field disaster protocols
- iii. Work with Bureau of Preparedness and Response Steering Committee : Dr Nelson will be asking for pre-hospital committee members to review EMS field disaster protocols

c. 6.3 IDENTIFY KEY OPPORTUNITIES FOR IMPROVEMENT ON-SITE EMS TREATMENT- Steve McCoy

- i. %ROSC prehospita environment-18% but includes witnessed and non-witnessed arrests – data needs further investigation and correlation with USTEIN criteria. Different outcomes expected based on “time down” and which codes are “worked”.
- ii. EMRC looking at full cardiac report for CDC
- iii. % of stroke alert pts transported to stroke center-96%
- iv. average time of onset of symptoms to arrival to stroke center-will be difficult to capture from EMSTARS-will need hospital based study
- v. Trauma outcomes will be easier to obtain as Trauma Registry is undergoing and project linking the data to EMSTARS, AHCA, and Vital Statistics

d. 6.6 FLORIDA PUBLIC BATHING PLACES SAFETY

The open-water lifesaving constituency continues its work to establish minimum standards for Florida's ocean lifeguards. Senator Gaetz and others have expressed support and offered advice. We appreciate the support and guidance of FAC-EMS, MedCare, and the Advisory Council.

IX. PATIENT, RESPONDER AND PUBLIC SAFETY

- a. Determine medical error rate in Florida's EMS systems: impression of medical errors increased due to drug shortages based on Cory Richter's survey for Drug Shortage Task Force